

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-4073
 www.iowa.gov/ethics

**FORM-GB**

Gift or Bequest information received
 by a department or accepted by the
 Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**STATE TRAINING SCHOOL**

Name of Department or Office
 3211 EDGINGTON AVENUE

ELDORA, IA 50527

Mailing Address
 641-558-5402

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

KRISTIN HAGEDON

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

American Legion Auxiliary #330, c/o Paulene Welbourne

Name

PO Box 37

Neola, IA 51559

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

11/23/11

\$100.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

cash donation to be used towards student Christmas Fund

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedon affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedon
 Signature

Nov. 28, 2011

Date

Revised 06/08

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**STATE TRAINING SCHOOL**

Name of Department or Office
 3211 EDINGTON AVENUE

ELDORA IA 50527

Mailing Address

City, State, Zip Code

641-453-5402

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**KRISTIN HAGEDON**

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Correctional Services Central HQ, c/o Daniel Hudson

Name

10 W. Algonquin Rd.

Des Plaines, IL 60016

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

11/23/11

\$60.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

2012 pocket calendars for student use

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedon affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedon
 Signature

Nov. 28, 2011

Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**STATE TRAINING SCHOOL**

Name of Department or Office
 3211 EDGINGTON AVENUE

ELDORA IA 50627

Mailing Address
 641-851-5402

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

KRISTIN HAGEDON

Name

Mailing Address (If different from above)

City, State, Zip (If different from above)

Email Address

Area Code & Telephone Number (If different from above)

DONOR OF GIFT OR BEQUEST:

International Prison Ministry, c/o Bob Hockstra, Dir.

Name

PO Box 2868

Costa Mesa, CA 92628

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

11/23/11

\$100.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

motivational books and pamphlets for student use

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedon affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedon
 Signature

Nov. 28, 2011

Date